

RECEIVED
CENTRAL FAX CENTER**FAX TRANSMISSION**

MAR 18 2004

OFFICIAL**DATE:****PTO IDENTIFIER:** Application Number 10/090350-Conf. #8642
Patent Number
Inventor: Anne CLARK et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP

Theodore R. West

PHONE: (617) 227-7400**Attorney Dkt #:** NBI-108US**PAGES (Including Cover Sheet):** K**CONTENTS:** Response to Restriction Requirement (with ~~response~~ (1 page)); Petition for Extension of Time (1 page); Fee Transmittal Sheet (1 page), and Certificate of Transmission under 37 CFR 1.8 (1 page).

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/SB/97 (12-97)

Approved for use through 9/30/00 OMB 0651-0031
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Certificate of Transmission Under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on March 16, 2004

Date

Signature

Theodore R. West

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Response to Restriction Requirement (~~with Traverses~~ ~~8 pages~~)
Petition for Extension of Time (1 page).
Fee Transmittal Sheet (1 page); and
Certificate of Transmission under 37 CFR 1.8 (1 page).

TRW Reg. No.
T 97,202

PTO/SB/17 (10-03)

Approved for use through 7/31/2008 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **2,010.00**

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

 Deposit Account

Deposit Account Number **12-0080**

Deposit Account Name **Lahive & Cockfield, LLP**

The Director is authorized to (check all that apply)

- Charge fee(s) indicated below Create any overpayments
- Charge any additional fees or any underpayment of fee(s)
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	285	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) **0.00****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20** =	x	=	Fee Paid
Independent Claims	-3** =	x	=	
Multiple Dependent				

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	85	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	85	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) **0.00**

** or number previously paid, if greater. For Reissues, see above

Complete if Known	
Application Number	10/030350-Conf #8642
Filing Date	November 8, 2002
First Named Inventor	Anne CLARK
Examiner Name	Zinna Northington Davis
Art Unit	1625
Attorney Docket No.	NBI-108US

FEE CALCULATION (continued)

3. ADDITIONAL FEES	
Large Entity Fee Code	Small Entity Fee Code
Fee (\$)	Fee (\$)
1051	2051
130	65
1052	2052
50	25
1053	1053
130	130
1812	1812
2,520	2,520
1804	1804
920*	920*
1805	1805
1,840*	1,840*
1251	2251
110	55
1252	2252
420	210
1253	2253
950	475
1254	2254
1,480	740
1255	2255
2,010	1,005
1401	2401
330	165
1402	2402
330	165
1403	2403
290	145
1451	1451
1,510	1,510
1452	2452
110	55
1453	2453
1,330	665
1501	2501
1,530	655
1502	2502
480	240
1503	2503
640	320
1480	1480
130	130
1807	1807
50	50
1806	1806
180	180
8021	8021
40	40
1809	2809
770	385
1810	2810
770	385
1801	2801
770	385
1802	1802
800	900
Other fee (specify) _____	
Required by Basic Filing Fee Paid	
SUBTOTAL (3) (\$) 2,010.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Theodore R. West	Registration No. (Attorney/Agent)	47,202
Signature		Telephone	(617) 227-7400
		Date	March 16, 2004